



EV 330686722 US

Customer Control
Label 11-F June 20, 2002



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)		
PO ZIP Code <i>1201</i>	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In <i>12/23</i>	Postage <i>\$ 15.60</i>	
Mo. Day Year <i>Mo. Day Year</i>	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	
Time In <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	
Weight <i>1.0 lbs</i>	Int'l Alpha Country Code	COD Fee
		Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials <i>[initials]</i>	
Total Postage & Fees <i>\$ 15.60</i>		

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day <i>Mo. Day</i>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>[Signature]</i>
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day <i>Mo. Day</i>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>[Signature]</i>
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day <i>Mo. Day</i>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>[Signature]</i>
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent if delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery. NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
Customer Signature		

CUSTOMER USE ONLY
METHOD OF PAYMENT:
Express Mail Corporate Acct. No. *1201*

Federal Agency Acct. No. or
Postal Service Acct. No.

FROM: (PLEASE PRINT) PHONE *(713) 220-5800*
 Mr. CNC/bat
1201
LOUISIANA ST 616 1900
TX 77032-2720

Rolly Tuyanan
054024.0000 (12)

TO: (PLEASE PRINT) PHONE *()*
 COMMISSIONER FOR PATENTS
P.O. BOX 1650
ALEXANDRIA *VA 22313*

MAIL STOP PATENT APPLICATION

PRESS HARD.
You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com

